

CENTER FOR WOMEN'S HEALTH

Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

Center for Women's Health is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

As described below, we will use or disclose your PHI for treatment, payment, or health care operations. The examples below do not list every possible use or disclosure in a category.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. Some examples of uses or disclosures of your health information for treatment purposes are:

- A physician obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with your primary care physician or a specialist. He/she will share the information with such physician and obtain his/her input.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. An example of a use or disclosure for payment purposes is:

- We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

Health Care Operations: We may use and disclose PHI in performing certain business activities which are called health care operations. Some examples of uses and disclosures for health care operations are:

- We may use information to perform accounting or management activities for our business.
- We may use PHI to perform quality assurance, utilization review, and internal auditing, such as reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients and providing training programs to help students develop or improve their skills.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of Center for Women's Health. The information in it, however, belongs to you.

- **Right to Request Restrictions:** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations, or that we disclose to those who may be involved in your care or payment for your care by delivering the request in writing to Center for Women's Health. While we will consider your request, we are not required to grant the request. If we do agree to your request, we will comply with any request granted except as required by law or for emergency treatment.
- **Right to a Paper Copy of this Notice:** You have a right to obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at Center for

Women's Health. **Right to Inspect and Copy:** You have a right to inspect and receive a copy of your PHI contained in records we maintain that may be used to make decisions about your care. These records usually include your medical and billing records but do not include information gathered or prepared for a civil, criminal, or administrative proceeding or PHI that is subject to a law that prohibits access. You may exercise this right by delivering the request to Center for Women's Health. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request. We may deny your request to inspect and copy PHI only under limited circumstances, and in some cases, a denial of access may be reviewable.

- **Right to Request Amendment:** If you feel that medical information we have about you is incorrect or incomplete, you may request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by our office;
 - Is not part of the information the you would be permitted to inspect and copy; or,
 - Is accurate and complete.

We may deny your request in certain cases. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records and distributed with all future disclosures of the information to which it relates.

- **Right to Receive Confidential Communications:** You have the right to request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office. We will accommodate all reasonable requests.
- **Right to Receive an Accounting of Disclosures:** You have the right to request and obtain an accounting of disclosures of your health information as required to be maintained by law. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; uses or disclosures to notify family or others responsible for your care of your location, condition, or our death; or uses or disclosures made before April 14, 2003. The first accounting that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

If you want to exercise any of the above rights, please contact the office of, Center for Women's Health at 4840 College Blvd, Overland Park, KS 66211, 913-491-6878. The office will inform you of the steps that need to be taken to exercise your rights.

OUR RESPONSIBILITIES

Center for Women's Health is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices, to enact new provisions regarding the PHI we maintain, and to apply those changes to all PHI in our possession. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice", by visiting our office and picking up a copy or by accessing our website to view a copy of the amended Notice.

OTHER DISCLOSURES AND USES

Communication To You From Our Office

- We may use or disclose medical information in order to contact you as a reminder that you have an appointment for treatment or medical care, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to inform you about health-related benefits or services that may be of interest to you.

Communication with Family or Friends

- Using our best judgment, we may disclose PHI to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care. In most cases, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object. If you are not present or are unable to agree or object, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Required by Law

- We may use or disclose PHI as required by federal, state, or local law if the disclosure complies with the law and is limited to the requirements of the law.

Disaster Relief

- We may use and disclose your PHI to assist in disaster relief efforts.

Organ Procurement Organizations

- Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA)

- We may disclose to the FDA or persons under the jurisdiction of the FDA, PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation

- We may disclose your PHI to the extent to comply with laws relating to Workers Compensation or other similar programs.

Public Health

- As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; or notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse & Neglect

- We may disclose your PHI to public authorities as allowed by law to report abuse or neglect.

Employers

- Except in cases involving Worker's Compensation, disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

- If you are an inmate of a correctional institution, we may disclose to the institution or agents there of your PHI necessary for your health and the health and safety of other individuals.

Law Enforcement

- We may disclose your PHI for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody or law enforcement.

Health Oversight

- Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

- We may disclose your PHI as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request or to obtain an order protecting the information requested.

For Specialized Governmental Functions

- We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Threat to Health and Public Safety

- In limited circumstances, we may disclose PHI when we have a good faith belief that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public.

Compliance Review

- We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with HIPAA Privacy Rule.

Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

OTHER USES AND DISCLOSURES

All other uses and disclosures of your PHI will be made only with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Center for Women's Health at 913-491-6878.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Center for Women's Health. You may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is 200 Independence Ave., S.W., Washington, D.C. 20201.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from Center for Women's Health . We cannot and will not retaliate against you for filing a complaint with the Secretary.